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Jessica Ivey
Gardner-Webb University

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Transition from Student to Nurse: The Orientation Process

by

Jessica Ivey, RN, BSN

A thesis submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Degree of Master of Science in Nursing

Boiling Springs

2011-12

Submitted by:	Approved by:
_____	_____
Jessica Ivey, RN, BSN	Dr. Rebecca Beck Little, RN, PhD
_____	_____
Date	Date

Abstract

The transition from a student nurse to a registered nurse poses a difficult transition for some. Benner's model, Novice to Expert, details the transition in stages. It is important for hospital educators and administrators to understand Benner's stages and model their orientation programs appropriately. The Revised Casey-Fink Graduate Nurse Experience Survey was used to query new nurses (≤ 2 years experience) and their preceptors. Results indicate that new nurses feel uncomfortable performing certain skills, communicating with doctors, and lack support after their orientation period. The results support a change in the orientation process and preceptor education.

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Table of Contents

List of Tables

Chapter One

Introduction

The transition from being a student full time to becoming part of the workforce is a difficult transition for some. This transition does not just affect those in the healthcare field. Business men and women transition into the workforce by working in low entry jobs and working long hours for little pay. Teachers transition into the school systems having to be responsible for thirty or more students. They are "in charge" of an entire classroom and may have difficulty assuming that role. It is especially difficult for student nurses to transition to registered nurses. New nurses experience unfamiliar and challenging situations that they may be unprepared to handle (Steen, Gould, Rungruber, & Hill, 2011). The facility's orientation program and preceptorship play a major part in an effective transition. The orientation program for nurses should incorporate several aspects such as classroom time, simulation, and clinical competencies. In conjunction with the orientation program, the novice nurse should be assigned a preceptor on their first day at the facility.

Background

Many research studies discuss role transition, orientation programs, and preceptors. It is important for hospital educators to design an orientation program to meet the unique needs of the novice nurse. Orientation programs often lack consistency, individualization, and follow up with the new nurse (Baxter, 2010). Organizations are frequently short staffed and are expecting new nurses to effectively function as a nurse, providing patient care, within a very short amount of time (Lalani & Dias, 2011). These nurses are entering the healthcare field, receiving an abbreviated orientation, and then expected to take on a full patient assignment. This experience is setting them up for failure. These unprepared novice nurses become frustrated and eventually

leave the facility (Baxter, 2010). New nurse turnover is on the rise with 35-61% leaving an organization within their first year (Lampe, Stratton, & Welch, 2011). Replacing the new nurse can cost an organization between $82,000 and $88,000. This includes the money spent in training the new nurse and the cost to replace them with another nurse (Lampe et al., 2011). A study by Etheridge (2007) showed that there are extremely high expectations for new nurses and when they fail to meet those expectations, they develop feelings of failure and guilt. It is in the best welfare of the facility, the patients, and the new nurse, to give the nurse many opportunities to learn and grow in their new role as a professional nurse.

Purpose

This study will explore the transition from student nurse to registered nurse and will examine the perceived importance of a orientation program for novice nurses entering the nursing profession. Many times new nurses get very little orientation and skill acquisition before they are expected to provide care for patients. This study has the potential to assist education departments within acute care facilities to develop a beneficial, purpose driven, orientation program at their facility. It is important for hospital educators, managers, and preceptors to assist new nurses in perfecting their skills through class time and hands on training. Improved orientations will benefit the novice nurse in learning hospital routine, critical thinking, new equipment, and appropriate documentation. Providing an effective transition program for new nurses displays the organizations commitment to their new employee. Hatler, Stoffers, Kelly, Redding, and Carr (2011) explain, "a thoughtful, systematic transition program can significantly improve retention and productivity" (p. 88). An effective program can provide the new nurse with confidence in clinical skills and decision-making, which in turn creates job satisfaction.

Significance

The transition from student to nurse is a significant problem that affects all new nurses. Student nurses become new nurses, who, after passing the state board exam, become registered nurses. They can find a job and enter the work force as a novice nurse almost immediately (Dyess & Sherman, 2009). According to Andersson and Edberg (2010), "The first six months after graduation seem to be important for the development of a positive professional role and a commitment to nursing" (p. 186). New nurses go through many different emotions upon graduation and employment as a nurse. Initially, they have a sense of joy and pride about achieving a goal. Once they begin their job as a nurse, these emotions may turn to feelings of inadequacy, insecurity about skills, and sometimes even fear of making a wrong decision. Orientation programs often lack content related to assessing the nurses' skills and knowledge. Many programs are full of organizational goals and feature speakers from various departments in the facility such as quality and infection control. These aspects of a facility are very important for the new nurse to know and understand, but more emphasis needs to be placed on professional transitioning, competency development, simulation, and educator support (Halfer, 2007). Expert nurses can help ease the fears and inadequate feelings that new nurses have through mentoring. This mentoring can be compared to a mother-child relationship. A child must be properly nurtured in order to promote growth. This same nurturing may apply to the nurse and preceptor role. Preceptors should nurture the new nurses, show them how to perform skills, and help them develop critical thinking skills. A qualified preceptor is also important in ensuring patient safety. A novice nurse may not have the skills needed to perform safely and confidently on her own. She should have someone by her side to guide her decisions. "Patient safety can be directly affected by the critical thinking ability of a nurse. Nurses must have the ability to

recognize changes in patient condition, perform independent nursing interventions, anticipate orders, and prioritize" (Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2008, p. 140).

Research Question

The following questions directed this study of the novice nurses' perception of orientation. 1) How does the preceptor/new nurse relationship effect the transition from student to registered nurse? 2) How can an orientation program be modified to meet the needs of the novice nurse? 3) What differences exist between the new nurses' perception and the preceptors' perception of the orientation period?

Definition of Terms

The following terms are used in this study of the novice nurses' perception of orientation:

New nurse: A nurse who has graduated from an approved school of nursing and has successfully passed the states' board exam within the past two years and is recently employed in a healthcare setting.

Preceptor: A registered nurse who has been designated by their healthcare facility to orient new staff on the unit and has served as a preceptor.

Orientation: A program designed to orient new employees to the facility and to develop clinical and social skills. Time frames for orientation vary depending on the specialty.

Theoretical Framework

Patricia Benner researched how new nurses adjust to the work environment and how they, over time, become experts in their field. Her theory of novice to expert discusses her findings. The module she used in her research was adapted from Hubert and Stuart Dreyfus's model of skill acquisition. Benner's model contains five levels of skill development: novice, advanced beginner, competent, proficient, and expert (Tomey & Alligood, 2006). New nurses

begin practice as novice nurses and progressively move through each level until they reach the final level of expert. Although some say that a nurse should be an expert in so many months or years, Benner puts no time frame for moving through the levels. The model is individualized according to the nurse, the clinical setting, and their needs.

The first level of skill acquisition is the novice level. Novice nurses have little experience and require guidance. They need rules and objectives to assist them in carrying out the care they give their patients (Tomey & Alligood, 2006). According to Uys, Rhyn, Gwele, McInerney, and Tanga (2009), novice nurses "must be given rules to guide their performance and are unable to change their behavior according to the context" (p. 502). This is why it is so important for a novice nurse to have a mentor, someone she can trust and go to with questions. Establishing a mentorship with a new nurse is essential to assisting that nurse in developing clinical competence (Ronsten, Anderson, & Gustafson, 2005). In this study, the novice nurse is considered to be a new nurse with less than two years experience.

The second level in Benner's theory is the advanced beginner. This level is characterized by more experience resulting in more self-confidence (Andersson & Edberg, 2010). Even with experience and some self-confidence, nurses at the advanced beginner level still rely on other nurses to assist them in some situations. They are responsible for patient care and "demonstrate marginally acceptable performance having coped with enough real situations to note or to have pointed out by a mentor, the recurring meaningful components of the situation" (Tomey & Alligood, 2006, p. 145). The situations these nurses are capable of handling are ones they have previously experienced firsthand and one that their mentor has discussed with them.

The third level of Benner's model is the competent stage. The advanced beginner moves to this level by performing in actual situations and observing other nurses actions in patient care

situations (Tomey & Alligood, 2006). "The competent stage of the Dreyfus model is typified by considerable conscious and deliberate planning that determines which aspects of the current and future situations are important and which can be ignored" (Tomey & Alligood, 2006, p. 145). In this stage, nurses can prioritize and manage their time better than they did in the previous stages. This stage is an important one because the nurses must learn to recognize patterns and determine what patient care needs are priority and what needs may wait until later. For example: Two patients need medications given at the same time. One of the medications is a vitamin and the other is pain medication. The competent nurse can determine that giving the pain medication takes priority over the vitamin.

The fourth stage in Benner's novice to expert theory is the proficient level. Nurses at this level can demonstrate the ability to understand the situation as a whole and can recognize when something is outside the norm (Andersson & Edberg, 2010). These nurses have more confidence in their knowledge and abilities as nurses. They can see the significance of situations and can critically think to make right decisions. Another aspect of this stage is that the nurse is more involved with the patient and family. They no longer shy away from questions and can interact more confidently with the family (Tomey & Alligood, 2006).

The fifth and final stage is the expert stage. During this stage, "the expert performer no longer relies on analytical principle (rules, guidelines, maxims) to connect her or his understanding of the situation to an appropriate action" (Tomey & Alligood, 2006, p.146). These nurses are professionals and may be the preceptors, charge nurses, or mentors on the unit. Benner described aspects of the expert nurses that are essential to their practice: "demonstrating a clinical grasp and resource-based practice, possessing embodied know-how, seeing the big pictures, and seeing the unexpected" (Tomey & Alligood, 2006, p. 146). In this study, the

preceptor may be a nurse in any of the last three stages (competent, proficient, or expert). They are the ones who the novice nurse will go to for guidance.

"It seems that the transition into a new professional role follows a predetermined pattern that all newcomers have to go through, regardless of extensive efforts to facilitate the process" (Andersson & Edberg, 2010, p.190). Benner's novice to expert theory is important for hospital educators and preceptors to know so that they can provide new nurses with the needed education and mentorship they need to transition. Understanding Benner's model will assist the preceptor's with prioritizing the education they provide the novice nurse. Preceptors should realize that a new nurse starts at the novice level with very little past clinical experiences. They should link what was taught in the academic setting to what the new nurse is experiencing in the practice setting (Forneris & Peden-McAlpine, 2009). The preceptor should frequently re-evaluate the progress of the novice nurse as the orientation progresses.

Chapter Two

Review of the Literature

It is imperative for hospital educators to understand the complications that arise in the transition from student to registered nurse. A literature review was conducted utilizing the Cochrane and Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed. Key terms utilized to search the literature were: Orientation, transition from student to nurse, critical thinking and preceptor. The literature review was conducted to discover ways to ease the transition of nurses from school to practice by providing appropriate orientation with a skilled preceptor.

Critical Thinking

A qualitative instrumental case study design was used in a study by Forneris and Peden-McAlpine (2009) to examine the impact that preceptors have on novice nurses' critical thinking skills. The researchers used six novice nurse and preceptor dyads in an acute care facility with an established orientation program. The researchers used the contextual learning intervention (CLI) as a model for clinical learning with the preceptors. This consisted of four attributes that the preceptors were coached on: reflection, context, dialogue, and time. The researchers found that at the beginning of the study the preceptors viewed critical thinking as task oriented. By the end of the six-month study, the preceptors had new knowledge of critical thinking and viewed it as intentional and reflective thinking. These findings suggest that hospitals need to evaluate their orientation programs and establish more in depth training for preceptors. Limitations of this study were that the interventions were instituted in one particular facility. Other facilities may have different results.

Kaddoura (2010) conducted a research study using an exploratory qualitative descriptive design to assess new nurses' perception of their critical thinking skills. The study focused on the use of simulation to promote critical thinking, competence, and confidence in new nurses. The participants included ten new nurses in the intensive care unit at the study hospital. The simulation program consisted of themes that nurses might not encounter on the unit. The nurses were given scenarios and were expected to perform just as they would with a patient on the unit. Data was collected using a semi-structured interview method. All participants reported a positive experience during simulation and all stated the program was helpful in enhancing their critical thinking skills. The limitations of this study include a small sample size of only ten participants and data collection was limited to one facility with an established simulation center.

A qualitative instrumental case study was conducted by Forneris and Peden-McAlpine (2007) to determine if reflective thinking could improve new nurses' critical thinking skills. The case study used a contextual learning intervention (CLI) tool that consisted of narrative reflective journaling, interviews, preceptor coaching, and leader facilitated discussion groups. Twenty novice nurses were invited to participate, with only six agreeing to participate along with their preceptors. The CLI was analyzed every two months for a six-month period. Findings showed that the CLI provided a means for the nurse to have purposeful discussions about the orientation period. The new nurse and preceptor spent quality time reflecting on patient care and new concepts. The limitations of this study include the data only collected at one facility and that other facilities may have different outcomes.

A post hoc retrospective analysis was conducted by Fero, Witsberger, Wesmiller, Zullo, and Hoffman (2008) to identify the critical thinking abilities of new nurses versus experienced nurses. The participants in the study consisted of all newly hired nurses in a university

healthcare system for two and half years. The researchers used the Performance Based Development System to collect and record the data. The study found that there was a small amount of new nurses who could not identify a problem, then prioritize, and implement care. As anticipated, nurses with more experience performed better when evaluating clinical situations and implementing appropriate care than new nurses. Limitations of this study included the data collected by the PBDS was limited and that the simulation scenarios may not indicate real clinical decision-making skills by the participants. The researchers suggest "that further research is needed to identify specific areas of deficiency and begin to test objective, innovative educational strategies to enhance the critical thinking ability of both new graduates and experienced nurses" (Fero et al., 2008, p.146).

Orientation Programs

Using a prospective, quasi-experimental design with quantitative and qualitative methods, Morris et al. (2009) designed a new model of orientation in the intensive care unit (ICU) at Northwestern Memorial Hospital. The new model focused on individual learning needs, learning pathways, a standardized approach, consistency, and critical thinking skills. The model identified individual learning needs and incorporated multiple teaching methods, case studies, and simulation. Data was collected using a questionnaire developed by the researchers. The study was implemented with all newly hired ICU nurses. The researchers found that the new model increased satisfaction and preparedness to manage patient care assignments, increased retention rates, and decreased turnover. The researchers recommended further research on orientation programs and how best to train staff.

Evans, Boxer, and Sanber (2008) conducted a qualitative descriptive design study on the transitional experiences of new nurses and the implementation of support programs. The

participants were nine new graduate nurses who completed a transition program and thirteen experienced nurses who worked with new graduate nurses in the transitional program. The data was collected using one-hour taped interviews that were transcribed and evaluated. The data suggests that there is a lot of room for improvement in transitional support programs. The study found new graduate nurse felt excluded, violated, and unsupported. In several cases, the new graduate was placed on a unit and expected to function in the role without any support. The new graduates were rotated through three or four different clinical areas and had assigned study days. The new graduates reported that they enjoyed the rotations but never felt that they gained the confidence they needed to perform on the units. The researchers suggest that each individual nurse had different needs and support mechanisms should be tailored to meet those needs. In addition, it is important that the preceptor and new graduate nurse work closely, side by side, to gain clinical knowledge.

A longitudinal descriptive study was performed at an American Nursing Credentialing Center Magnet-Designated pediatric academic medical center by Halfer, Graf, and Sullivan (2008). The study explored job satisfaction and retention rates of new graduate nurses before and after a Pediatric Internship Program. The sample consisted of 296 new graduate nurses. Data was collected using a job satisfaction tool that was developed by the researchers. The study's findings indicate that job satisfaction was higher after the internship program and that the turnover rates were lower. The researchers suggest that further studies should be done on how to assist new nurses to grow professionally and become a vital part of the organization.

Preceptor

A quasi-experimental, mixed methods design was used by Sorensen and Yankech (2008) to examine the effects that a formal preceptor program has on the preceptor and new graduate

nurse. Participants included a control group of sixteen new graduate nurses, an experimental group of fifteen new graduate nurses, and fifteen preceptors who had attended the preceptor education program. The data was collected using the California Critical Thinking Skills test (CCTST) and semi-structured interview questions. The researchers discovered that the program gave the preceptors "a new awareness of the human learning process and changed their preceptor practices to a learner-centered cognitive approach" (Sorenson & Yankech, 2008, p. 214). The preceptors were able to direct their teaching toward the new graduate individual needs. There were identified limitations to this study. The sample size was small (N=31) and mostly contained participants of the same gender. A larger sample would provide more reliable and valid results.

A phenomenology study by Smedley (2008) was done to explore the role of preceptor and a program developed on learning how to be an effective preceptor. The participants consisted of seven registered nurses who had completed the Preceptor Program at Avondale College and who had at least ten years of clinical nursing experience. The researcher collected data by audio-taped interviews, one-on-one with the registered nurse preceptor. The study revealed that preceptors need more education on adult learning, individual learning styles, teaching and learning skills in the clinical setting, attitudes toward students, and an overall desire to motivate. Limitations of this study include the limited sample and the time and cost associated with the in-depth interview process. The nursing profession is ever changing, thus the role of the preceptor changes as well. New nurses should be provided with a positive learning experience with a trained preceptor to enhance their clinical experience.

A qualitative exploratory, descriptive design was used by Luhanga, Dickerson, and Mossely (2010) to describe the preceptor role related to preparation and support. A sample of

twenty-two registered nurses participated in the study. The researchers collected data using semi-structured taped interviews. They conducted the thirty to ninety minute interviews at the participant's workplace. Commonalities were identified with each preceptor and were summarized into four themes: "accessible resources, role complexity, partners in precepting and role development" (Luhanuga et al., 2010, p. 6). All participants suggested revisions of the Preceptor Resource Manual to include information on learning styles. Participants also agreed that the role of the preceptors is complex and needs clearer role expectations along with assistance from the university when students are unsuccessful. The issue of role development was another aspect that needed attention. The researchers identified limitation to this study including data collection at only one facility and the effects of formal education at other facilities. Suggestions were made to develop a formal education for the preceptor role. In light of the findings from the study, the researchers developed a new resource manual and have begun development of a formal education program on the role of the preceptor.

Theoretical Research

Lyneham, Parkinson, and Denholm (2008) used Benner's model to explore the experience of intuition in emergency nursing. A phenomenological study was conducted with fourteen nurses who had five or more years experience in an emergency department in Australia. Data was collected during interviews conducted over a three-year period. The results showed that intuition develops as knowledge and experience in nursing become entwined. As a nurse becomes an "expert" these changes take place. Limitations of the study included the small sample size and the nurse self-reported information without observation of practice behavior.

A descriptive comparison study was conducted by Wilgis and McConnell (2008), to determine if concept mapping improved critical thinking skills in a hospital orientation.

Benner's theory was used in this study to incorporate appropriate objectives in the case studies that would evaluate critical thinking of the new graduate nurses. The sample consisted of 14 new graduate nurses in orientation at a hospital in Florida. The researchers used case studies to map out the patient's chief complaint, assessment findings, nursing diagnoses, and interventions. Ten of the 14 participants believed that concept mapping assisted them in linking knowledge together, organizing, and prioritizing. The researchers concluded that Benner's Novice to Expert Theory is a useful framework to evaluate concept mapping as a strategy to improve critical thinking. Identified imitations to the study include the small convenience sample.

Using a quantitative and qualitative design, researchers Ronsten, Andersson, and Gustafsso (2005), conducted a study to determine the impact a mentor has on a new graduates professionalism, nursing quality, and self-confidence. Benner's model was used in this study to show that mentorship is seen as a method for developing clinical competence. The development of nursing expertise is defined in her five stages. Personal interviews and focus group interviews were used for data collection with eight new nurses in a one-year mentorship program. The mentorship program focused on novice nurses' self-relation related to the development of nursing competencies. The results showed that the novice nurses provided care based on a holistic view and that mentoring facilitated the development of clinical skills.

Summary

Researchers have studied the impact of orientation programs on critical thinking (Forneris & Peden-McAlpine, 2009; Kadura, 2010; Forneris & Peden-McAlpine, 2007 & Fero et al., 2008). Studies found that critical thinking can be improved by intentional thinking, simulation, and reflection. Other studies have researched the importance of a purposeful orientation and a qualified preceptor for the transition to registered nurse (Morris et al., 2009;

Evan et al., 2008; Halfer et al., 2008; Smedley 2008; Luhanga et al., 2010). The review of the literature identified gaps in the research related to new nurse orientation. Further study on improving critical thinking in new nurses and developing preceptorship programs that benefit the new graduate nurse is needed. In addition, further research is needed to evaluate formal preceptor education including learning strategies, expectations, and supportive resources. Research in these areas has the potential to improve orientation programs in acute care facilities.

Chapter Three

Methodology

The transition from student nurse to registered nurse can be difficult for nurses beginning their career. This study examined new nurses' perception of their orientation to identify difficulties that they encountered during this transition and ways to improve the orientation process.

Design

A descriptive design using a survey questionnaire was used to explore the new nurses' perception of the current orientation process in a local hospital. This design assisted in identifying problems with the current orientation program and preceptor process. The design took into consideration the new graduate nurse, the preceptor, and the current orientation program.

Ethical Considerations

The research study was approved by the Institutional Review Board (IRB) for Gardner-Webb University (Appendix A). Permission was obtained from the health care facility before starting the study. The Center for Lifelong Learning (CLL) and the Clinical Education Specialists (CES) for each nursing unit were given an explanation of the research study. Prior to completing the surveys, the new nurses and their preceptors agreed to participate in the study and informed consent was obtained. The informed consent detailed the purpose of the study and the rights for participating in the proposed research study (Appendix B). At any time during the study, the participants had the right to decline to participate. The form provided the participant with contact numbers of the primary investigator (PI) and the Internal Review Board (IRB) at

Gardner-Webb University. There are no identified risks associated with this study. Return of the survey indicated the participants' agreement to participate.

Sample

The participants in the study consisted of all nurses employed by a regional hospital that were hired within the last two years and their preceptors during their orientation to the facility. The nurses were employed on different inpatient units in the hospital including Medical/Surgical, Progressive Care, Intensive Care, Obstetrics, Pediatrics, and Nursery. New graduate nurses employed in outpatient areas were excluded from the study. No one was excluded from the study based on age, ethnicity, or gender. The preceptors in this facility are required to have at least three years nursing experience and are designated by the unit director and clinical education specialist.

Setting

The facility participating in the research is a rural hospital, serving customers in several surrounding counties. The hospital has a bed capacity of 241 with an average daily census of 95. The facility employees approximately 491 registered nurses with varying educational preparation.

Instruments

All participants completed the Revised Casey-Fink Graduate Nurse Experience Survey (Appendix C). The survey was created in 1999 and revised in 2002 and again in 2006. It has been used to survey over 250 nurses in hospital settings in the Denver metropolitan area, and has been further validated by over 1,000 graduate nurse residents participating in the University Health System Consortium/AACN Post Baccalaureate Residency program. The survey contains five sections: Skills/procedure performance; comfort/confidence; job satisfaction; role

transition; and demographics. The new nurse completed the survey, answering the questions as they are stated on the survey. Twenty-four of the survey questions utilized a 4 point Likert scale ranging from 1, (strongly disagree) to 4 (strongly agree), and nine job satisfaction items utilized a 5 point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied). The remaining items consisted of multiple choice questions or demographic data. The preceptor completed the same survey considering the statement, "Following orientation my preceptee…" The surveys were numbered and color-coded to allow comparison of the preceptee and preceptors opinions of the orientation process.

Procedure

A list of all new nurses employed within the last two years that were recent graduates from a program preparing them for initial licensure as a Registered Nurse was obtained from the Center for Lifelong Learning. The list was given to the unit-based educators to obtain preceptors. The surveys were given to the new nurse and preceptor. The surveys were returned via interoffice mail within three weeks of distributing.

Data Analysis

Upon completion of data collection, the researcher entered the raw data into an Excel spreadsheet using a personal computer. No identifying criteria were utilized. Data was analyzed using Statistical Packages for the Social Sciences (SPSS) computer software version 19.

Chapter Four

Results

Ninety-four surveys were distributed to new nurses and their preceptors. The surveys were distributed in pairs, one to the new nurse and one to their corresponding preceptor. Twenty-six pairs of surveys were returned resulting in a total of fifty-two surveys, a 55% response rate. The surveys were analyzed using description analysis of central tendencies and frequencies.

All participants were females (n=54) 21 to 62 years of age. The new nurses ranged in age from 21-46 with a mean age of 27, while the preceptors ranged in age from 23 to 62 with a mean age of 37. This accounts for a 10.31 year difference in mean ages. The average length of time a new nurse was employed at the facility was one year and the average year of practice for a preceptor was eleven years. New nurses and preceptors participating in the study were employed on the Adult Medical Surgical unit (n=29), Adult Critical Care unit (n=14), Obstetrics/Post Partum unit (n=7), and Pediatrics (n=2). The majority of new nurses have a scheduled work pattern on straight nights, while the majority of preceptors work straight day shift. Eighty-four percent of the preceptors surveyed also functioned as charge nurses while only 7% of the new nurses were able to function in the charge nurse role. There was also a small percentage, 15%, of new nurses that currently functioned as a preceptor for other new nurses. Twenty-two of the new nurses and 16 of the preceptors hold an Associate Degree in Nursing (ADN). Four of the new nurses and ten of the preceptors hold a Baccalaureate Degree in Nursing (BSN). See Table 1 for a complete demographic description of the sample.

Table 1

Characteristics of the Sample

Variable	Mean	SD	n	(%)
Age				
New Nurse	27.42	6.760		
Preceptor	37.73	13.421		
Years in nursing				
New Nurse	1.1	6.053		
Preceptor	11.3	133.781		
Ethnicity				
Caucasian			47	(90.4%)
Black			2	(3.8%)
Asian			3	(5.8%)
Area of Specialty				
Adult Medical/Surgical			29	(55.8%)
Adult Critical Care			14	(26.9%)
OB/Post Partum			7	(13.5%)
Pediatrics			2	(3.8%)
Highest nursing degree				
New Nurse				
Associate's degree			22	(84.6%)
Bachelor's degree			4	(15.4%)
Preceptor				
Associate's degree			16	(61.5%)
Bachelor's degree			10	(38.5%)
Primary shift worked				
New Nurse				
Day			7	(26.9%)
Night			16	(61.5%)
Rotating days/nights			2	(7.7%)
Other			1	(3.8%)
Preceptor				
Day			18	(69.2%)
Night			6	(23.1%)
Rotating days/nights			2	(7.7%)
Other			0	

Skills and Procedures

Section one of the survey inquires about skills and procedures that the new nurse felt uncomfortable performing independently following their orientation period. The participants were asked to choose three skills or procedures they felt uncomfortable performing from a list of 21 various skills and procedures. The results are shown in Table 2. Code/Emergency Response, Ventilator care/management/assisting with intubation/extubation, and Tracheostomy care were among the most frequently reported skills new nurses felt uncomfortable performing. New nurses reported they were most comfortable placing a bladder catheter, performing venipuncture, giving intravenous medications, and teaching patients and families.

Table 2

Skills/Procedures New Nurses Felt Uncomfortable Performing

Variable	n
Arterial lines	3
Bladder catheter insertion	1
Venipuncture	1
Central line care	4
Chest tube care	6
Code/Emergency response	13
Death/Dying/End of life care	3
EKG monitoring and interpretation	4
Dobhoff/NG care	5
Intravenous medication administration	1
Intravenous starts	7
MD communication	4
Patient/Family teaching	1
Trach care	9
Vent care/management/assisting with intubation	8
Wound care	2

Confidence and Comfort

Participants were asked to rank 24 statements evaluating their confidence/comfort level using a Likert scale with one being strongly disagree and four being strongly agree. The mean confident/comfort level for all 24 statements was calculated for the new nurse and for the preceptors' perception of the new nurses' confidence/comfort level. An independent samples *t*-test revealed no statistical significant difference (p= >.05) between the mean confident/comfort level of the new nurses (M = 3.11, SD = .290) and their preceptors perception of their confident/comfort level (M =3.14, SD =.338). A Pearson's correlation analysis revealed no correlation between new nurses and preceptors' perception of confidence and comfort with nursing care. The five statements that new nurses and preceptors scored as being least confident in are represented in Table 3.

Table 3

Confidence and Comfort

Variable	New Nurse		Preceptor	
	M	SD	M	SD
Communication with MD	2.96	.662	2.92	.628
Caring for a dying patient	2.92	.549	2.69	.765
Preceptor encouragement and feedback	2.69	.496	2.77	.504
Preparation to complete job responsibilities	3.38	.516	3.42	.588
Manager encouragement and feedback	3.12	.675	2.85	.588

Role Transition

Section four included four multiple-choice questions describing the new nurses' role transition. When asked about difficulties they experienced, the major themes identified (46%) were lack of confidence in physician and patient communication, delegation, knowledge deficit, and critical thinking. Increased support from the manager, nurse educator, and preceptor (34.6%) as well as improved work environment with gradual ratio changes, more assistance from unlicensed personnel, and increased involvement in committees (30.8%) were major themes that new nurses identified as needing to feel more supported on the unit. When asked about the most satisfying aspects of their work environment, new nurses chose peer support, patients, and families (42%). Two themes emerged when discussing the least satisfying aspects of their work environment. New nurses stated the nursing work environment (unrealistic ratios, tough schedules) and the system (outdated facilities and equipment, small workplace, charting and paperwork) were the least satisfying in their environment.

Table 4

Role Transition of the New Nurse

Variable	n	(%)
Transition Difficulties		
Lack of confidence	12	46.2%
Workload	5	19.2%
Fears	5	19.2%
Role expectations	3	11.5%
Orientation issues	1	3.8%
Support and Integration		
Increased support	9	34.6%
Improved work environment	8	30.8%
Improved orientation	4	15.4%
Socialization	4	15.4%

Satisfying Work Environment		
Peer support	11	42.3%
Patients and families	11	42.3%
Positive work environment	2	7.7%
Ongoing learning	1	3.8%
Professional nursing role	1	3.8%
Dissatisfaction with Work Environment		
Nursing work environment	10	38.5%
System	10	38.5%
Interpersonal relationships	4	15.4%
Orientation	2	7.7%

Job Satisfaction

New nurses and preceptors were queried in section three about job satisfaction utilizing a five point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied). Job satisfaction items were related to salary, work schedule, and benefits. Preceptors were slightly more satisfied (M = 3.93, SD = 1.096) with their job in general than new nurses (M = 3.88, SD =.479). However, 84% of new nurses were satisfied with their salary, while only 50% of preceptors were satisfied with their salary. Seventy three percent of the new nurses reported they were satisfied with their vacation time and with their benefits package, and 92 % were satisfied with hours that they worked. Seventy seven percent of the preceptors reported they were satisfied with their vacation time, 62% reported they were satisfied with their benefits package, and 85% reported they were satisfied with hours that they worked. Sixty five percent of the new nurses reported they were satisfied with the amount of encouragement and feedback they received. A slightly higher number (69%) of the preceptors reported they were satisfied with the amount of

encouragement and feedback they received. Sixty-five percent of new nurses and 62% of preceptors were satisfied with opportunities for career advancement.

Table 5

Job Satisfaction

Variable	New Nurse		Preceptor	
	M	SD	M	SD
Overall Job Satisfaction	3.88	.479	3.9	1.096
Salary	4.12	.909	3.27	1.002
Vacation	3.81	.694	3.81	.939
Benefits package	3.81	.801	3.62	.752
Hours worked	4.19	.694	4.19	.694
Weekends off	3.88	1.033	3.88	1.071
Amount of responsibility	3.77	.908	5.42	7.915
Career advancement	3.81	.694	3.65	.936
Encouragement and feedback	3.62	.941	3.85	.881
Opportunity to work day shift	3.96	.871	3.73	.962

Chapter Five

Discussion

It is evident that new nurses experience a difficult role transition when becoming a registered nurse. Providing them with an appropriate orientation and preceptor has the potential to assist with this transition. Benner's theory, used as a guide for all healthcare facility educators, can provide new nurses the direction they need when starting their career. New nurses need to feel supported, have opportunities for reflection, and have an ample time for hands on orientation.

Sample

There was an obvious difference (10 years) in the ages of the preceptor and the new nurse. This could account for varying teaching styles and a possible disconnect in the preceptor-new nurse relationship.

An expected finding from the survey was that the majority of new nurses worked night shift, while the majority of preceptors work day shift. This implies that the new nurses are being provided an orientation on day shift, but then are working an opposite shift. This could cause a problem once the new nurse starts working independently due to the difference in routine and expectations on a night shift as opposed to day shift. It would be beneficial for the new nurse orienting primarily on day shift to also receive an orientation on night shift.

An experienced nurse with several years experience primarily performs the orientation of a new nurse. This study revealed that some new nurses ($\leq$ 2 years experience) are orienting other new nurses. These nurses may have not progressed past the novice or advanced beginner skill acquisition level of Benner's model and lack the necessary skills to orient new nurses. This

finding may be quite concerning to hospital managers and educators. A nurse with only a few years experience, orienting a nurse right out of school could be a challenge. It is extremely important for educators, directors, and administrators to evaluate the preceptors' level of knowledge and critical thinking to ensure the new nurse is receiving an adequate orientation.

Skills and Procedures

A new nurse has not nor will perform every skill before they are required to work independently. However, frequently used skills and high risk skills should be evaluated by the preceptor for knowledge and performance. One of the most intense patient care issues a nurse can be involved in is a code or emergency response situation. Responding to a code is not so much about performing a skill, but about thinking critically to improve a patient's circumstance. This is not a situation that every nurse will participate in, but it is something that can be discussed and simulated to improve critical thinking. This study revealed that the majority of new nurses are uncomfortable responding to a code or emergency. Other skills and procedures that the new nurse felt uncomfortable performing were high risk, critical skills such as performing tracheostomy care and managing a patient on a ventilator. A surprising finding from the survey was how many new nurses felt uncomfortable starting an intravenous catheter (IV). Starting an IV is a basic skill that every nurse should be able to perform. It is important for the preceptor to know that the new nurse needs this skill and provide every opportunity for them to start IV's. It could be helpful for the new nurse to keep a log of every IV attempt and start while they are in orientation. The competency checklist or pathway is also a good communication tool between the new nurse, preceptor(s), and educator (Chesnutt & Everhart, 2007).

Confidence and Comfort

Feelings of inadequacy, low self-confidence, and incompetence are normal occurrences for a new nurse (Casey, Fink, Krugman, & Propst, 2004). The average new nurse revealed confidence in performing most aspects of their job. The skills that the new nurse felt less confidence and comfort in performing were communication with the physician and caring for a dying patient. Both of these situations put the new nurse in an uncomfortable, unfamiliar position. The new nurse may tend to shy away from these situations so it is the responsibility of the preceptor to encourage the nurse and build confidence.

Transition

During the transition phase from student to registered nurse, support is an essential need of the new nurse. The new nurse needs to feel a sense of support and integration on the unit. According to Morrow (2008), key factors in the work environment that are important for the transition of new nurses are "good relationships among interdisciplinary team members, strong nursing leadership, support for professional practice and lack of fear of criticism when seeking guidance" (p. 279). The new nurses in this study indicated that more support from the manager, educator, and preceptor would assist in the transition of a new nurse on the unit. Another aspect identified by the new nurse to increase support was more involvement on unit committees. The new nurse should be given an opportunity to explore all the committees that they could participate in and be encouraged to attend. They should be considered an active member and be involved with decision-making.

Job Satisfaction

Job satisfaction has a lot to do with being a part of the unit team. According to the survey results, the preceptors were slightly more satisfied with their job than the new nurses

were. Higher satisfaction of the preceptor can be attributed to years worked and confidence with the organization.

Implications for Nursing

Several implications for nursing have emerged from the results of this study. One key finding that emerged was the need for more hands-on training and skill validation. Many new nurses are not able to perform very important skills after their orientation period. The new nurse is proficient in performing an assessment, medication administration, and documentation; however, they cannot place a nasogastric (NG) tube or care for a patient with a chest tube. These high-level skills need more focus during the orientation period. There are several opportunities available for new nurses to see and practice these skills. One avenue to consider is simulation and skills practice. The new nurse, with their preceptor, should spend time in the simulation lab putting their hands on equipment and performing skills. This allows time for critical thinking within a safe environment (Myers et al. 2010).

A key finding related to improving work environment and support of the new nurse is the need for time for reflection. A new nurse needs time to brainstorm and reflect on their day. All new nurses should journal every day to see what was accomplished that day and to promote self-awareness and critical thinking (Schipper, 2011). New nurses should have the opportunity to come together to share experiences, good and bad, with each other and take time to reflect on their orientation. According to Schipper (2011), "Storytelling and self-reflection are healing for the nurse whose story is being told and allows other newly graduated nurses to share and gain knowledge related to another's experience" (p. 217). The reflection groups can be scheduled during several intervals throughout the orientation process. Another way to provide reflection and support is meeting with the new nurse on an individual basis with the director and educator.

This not only provides a way to get to know the new nurse better, but also provides an evaluation time to assess the orientation progress. The progress meetings should be scheduled at a convenient time during the workday and provide enough time for discussion (Goodwin-Esola, Deely, & Powell, 2009). The director and educator should plan to meet with the new nurse bi-monthly unless problems arise that require more frequent meetings.

Another finding from the study is how significant the preceptor's role is in providing an effective orientation. Preceptors provide the new nurse with support, opportunities for skill validation, and learning experiences. So much emphasis is placed on completing a competency skills checklist that caring for the patient as a whole is overlooked. Preceptors should involve new nurses in situational learning that promotes critical thinking. This is a difficult task for some preceptors. Preceptors need to attend a training class to help them adequately prepare new nurses to function independently. Attendance at this program should be mandatory before a nurse is allowed to be a preceptor. The program will consist of basic communication techniques, teamwork, and required documentation. It is important to also include an evaluation of teaching-learning strategies, how to assess and promote critical thinking, and adult learning techniques (Halfer, 2007).

Limitations

Several limitations to this study have been recognized. The small sample size (n=52) might not provide an adequate reflection of the entire new nurse population. An additional limitation was the study was conducted at one research site where all new nurses attend the same facility orientation. The research site was a small rural hospital and the data may not reflect orientation in large urban hospitals. The survey tool also posed a barrier due to the fact that the

tool was only designed to survey new nurses and the study used it survey new nurses and their preceptors.

Further Research

Further research is needed on how to ease the transition from a student nurse to a registered nurse. Orientation programs play a major role in how well the new nurse moves through the transition. More research could be conducted to examine the need for a formalized, structured orientation period depending upon the nurses' clinical area. The formalized orientation would need to include objectives for moving through the orientation process. In addition, more research is needed on preceptor education. There are many studies focusing on preparing nurses to be a preceptor for senior nursing students, but the evidence is lacking in educating a nurse to precept a new nurse.

Another subject that could present new evidence on transition is how a senior year preceptorship effects the new nurses' orientation. It would be interesting to see if the student preceptorship prepares the student to enter their nursing career compared to those students who do not have a preceptorship.

Conclusion

New nurses are a special group that requires constant support by managers, educators, and administrators to ensure that they receive a purposeful orientation. The facility orientation is an important aspect in the transition from student to nurse which gives them confidence, job satisfaction, and competence. The preceptor is responsible for guiding the new nurse and providing opportunities for learning. The future of nursing requires that hospital orientation programs change to meet the needs of new nurses in an ever-changing health care environment.

References

Andersson, P.L. & Edberg, A.K. (2010). The transition from rookie to genuine nurse: Narratives from Swedish nurse 1 year after graduation. *The Journal of Continuing Education in Nursing*, *41*(4). doi: 10.3928/00220124-20100326-05.

Baxter, P.M. (2010). Providing orientation programs to new graduate nurses: Points to consider. *Journal for Nurses in Staff Development, 26*(4). doi: 10.1097/NND.0b013e3181d80319.

Casey, K., Fink, R., Krugman, M., & Propst, J. (2004). The graduate nurse experience. The Journal of Nursing Administration, 34(6).

Chesnutt, B.M. & Everhart, B. (2007). Meeting the needs of graduate nurses in critical care orientation: Staged orientation program in surgical intensive care. Critical Care Nurse, 27(3).

Dyess, S.M. & Sherman, R.O. (2009). The first year of practice: New graduate nurses' transition and learning needs. *The Journal of Continuing Education in Nursing, 40*(9), doi: 10.3928/00220124-20090824-03

Ethridge, S.A. (2007). Learning to think like a nurse. *The Journal of Continuing Education in Nursing*, *38*(1), 24-30.

Evans, J., Boxer, E., & Sanber, S. (2008). The strengths and weaknesses of transitional support programs for newly registered nurses. *Australian Journal of Advanced Nursing, 25*(4), 16-22.

Fero, L.J., Witsberger, C.M., Wesmiller, S.W., Zullo, T.G. & Hoffman, L.A. (2008). Critical thinking ability of new graduate and experienced nurses. *Journal of Advanced Nursing*, *65*(1). doi: 10.1111/j.1365-2648.2008.04834.x.

Forneris, S.G. & Peden-McAlpine, C. (2007). Evaluation of a reflective learning intervention to improve critical thinking in novice nurses. *Journal of Advanced Nursing, 57*(4). doi: 10.1111/j.1365-2648.2006.04120.x.

Forneris, S.G. & Peden-McAlpine, C. (2009). Creating context for critical thinking in practice: The role of the preceptor. *Journal of Advanced Nursing 65*(8). doi: 10.1111/j.1365-2648.2009.05031.x.

Goodwin-Esola, M., Deely, M., & Powell, N. (2009). Progress meetings: Facilitating role transition of the new graduate. The Journal of Continuing Education in Nursing, 40(9). doi: 10.3928/00220124-20090824-04.

Halfer, D. (2007). A magnetic strategy for new graduate nurses. *Nursing Economics, 25*(1). Retrieved from www.cinahl.com/cgi-bin/refsvc?jid=374&accno=2009536442.

Hatler, C., Stoffers, P., & Kelly, L. (2011). Work unit transformation to welcome new graduate nurses: Using nurses' wisdom. *Nursing Economics, 29*(2).

Kaddoura, M.A. (2010). New graduate nurses' perceptions of the effects of clinical simulation on their critical thinking, learning, and confidence. *The Journal of Continuing Education in Nursing, 41*(11). doi: 10.398/00220124-20100701-02.

Lalani, N.S. & Dias, J.M. (2011). The role transition of nurses in a university teaching hospital in Pakistan. *Journal for Nurses in Staff Development, 27*(4), doi: 10.1097/NND.0b013e318223660d.

Lampe, K., Stratton, K., & Welsh, J.R. (2011). Evaluating orientation preference of the generation Y new graduate nurse. *Journal for Nurses in Staff Development, 27*(4). doi: 10.1097/NND.ob013e3182236646.

Luhanga, F.L., Dickieson, P., & Mossey, S.D. (2010). Preceptor preparation: An investment in the future generation of nurses. I*nternational Journal of Nursing Education Scholarship, 7*(1). doi: 10.2202/1548-923X.1940.

Lyneham, J., Parkinson, C., & Denholm, C. (2008). Explicating Benner's concept of expert practice: Intuition in emergency nursing. *Journal of Advanced Nursing, 64*(4), doi: 10.1111/j.1365-2648.2008.04799.x.

Morris, L.L., Pfeifer, P., Catalano, R., Fortney, R., Nelson, G., Rabito, R., & Harap, R. (2009). Outcome evaluation of a new model of critical care orientation. *American Journal of Critical Care, 18*(3). doi: 10.4037/ajcc2009355.

Morrow, S. (2008). New graduate transitions: Leaving the nest, joining the flight. *Journal of Nursing Management, 17*. doi: 10.1111/j.1365-2834.2008.00886.x.

Myers, S., Reidy, P., French, B., McHale, J., Chisholm, M., & Griffin, M. (2010). Safety concerns of hospital-based new-to-practice registered nurses and their preceptors. The Journal of Continuing Education in Nursing, 41(4). doi: 10.3928/00220124-20100326-02.

Ronsten, B., Andersson, E. & Gustafsson, B. (2005). Confirming mentorship. *Journal of Nursing Management, 13*, 312-321.

Schipper, L.M. (2011). The socialization process of newly graduated nurses into a clinical setting. *Journal for Nurses in Staff Development, 27*(5). doi: 10.1097/NND.0b013e31822d68b9.

Smedley, A.M. (2008). Becoming and being a preceptor: A phenomenological study. *The Journal of Continuing Education in Nursing, 39*(4), 185-191.

Sorensen, H.A. & Yankech, L.R. (2008). Precepting in the fast lane: Improving critical thinking in new graduate nurses. *The Journal of Continuing Education in Nursing, 39*(5), 208-216.

Steen, J.E., Gould, E.W., Raingruber, B., & Hill, J. (2011). Effect of student nurse intern position on ease of transition from student nurse to registered nurse. *Journal for Nurses is Staff Development, 27*(4), doi: 10.1097/NND.0b013e3181a68acc.

Tomey, A.M. & Alligood, M.R. (2006). *Nursing Theorists and Their Work, (6th ed).* St. Louis: Mosby.

Uys, L.R., Rhyn, L.L., Gwele, N.S., McInerney, P., & Tanga, T. (2004). Problem-solving competency in nursing graduates. *Journal of Advanced Nursing*, *48*(5), Retrieved from: www.cinahl.com/cgi-bin/refsvc?jid=203&accno=2005024420.

Wilgis, M. & McConnell, J. (2008). Concept mapping: An educational strategy to improve graduate nurses' critical thinking skills during a hospital orientation program. *The Journal of Continuing Education in Nursing, 39*(3), 119-126.

Appendix A

THE INSTITUTIONAL REVIEW BOARD
of
GARDNER-WEBB UNIVERSITY

This is to certify that the research project titled
Transition from student nurse to registered nurse: A look at the orientation process.

being conducted by Jessica Ivey

has received approval by the Gardner-Webb University IRB.

Date 12/12/11

Exempt Research

Signed Cindy Miller
Department/School/Program IRB Representative

Rebecca Bell-Wilke
Department/School/Program IRB Member

Expedited Research

Signed
Department/School/Program IRB Representative

Department/School/Program IRB Member

IRB Administrator or Chair or Institutional Officer

Non-Exempt (Full Review)

Signed
IRB Administrator

IRB Chair

IRB Institutional Officer

Expiration date

IRB Approval:

_____ **Exempt** _____**Expedited** _____**Non-Exempt (Full Review)**

Revised 09-09

Appendix B

Informed Consent

Transition from Student to Nurse: A Look at the Orientation Process

Your assistance is requested to participate in a research study about the transition that takes place when a student transitions from the academic setting to the practice setting as a registered nurse. Jessica Ivey, RN, BSN, an MSN student at Gardner-Webb University, is conducting this thesis research. This study has the potential to assist education departments within acute care facilities to develop a beneficial, purpose driven orientation and preceptor program. For the purposes of this study, new nurse hired within the last two years will be asked to participate. The study will examine the perceptions of the new nurse and the preceptor upon completion of the orientation period.

The study has no identified risks should you decide to participate. The information obtained from this research will be used to identify areas for improvement within the current orientation program and preceptor process. The survey is anonymous and your survey information will not be used in any way that will reveal your identity. Please do not write your name on the survey. The researcher will assign a number to each survey and a color for the set of surveys for the preceptor and another color for the new nurse. These surveys will then be compared. If you are answering the survey as a new nurse, please answer each question honestly and to the best of your ability as it is stated on the survey. If you are answering as a preceptor to a new nurse, please answer the questions considering the following statement, "Following orientation my preceptee…" If you have any questions or concerns about completing the survey, please contact the researcher at 704-472-6715 or at jivey1@garder-webb.edu. Thank you for your participation.

Appendix C

Casey-Fink Graduate Nurse Experience Survey (revised)

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I. List the top three skills/procedures you are *uncomfortable performing* independently at this time? (please select from the drop down list) list is at the end of this document.

1. _____
2. _____
3. _____
4. _____I am independent in all skills

II. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	○	○	○	○
2. I am comfortable knowing what to do for a dying patient.	○	○	○	○
3. I feel comfortable delegating tasks to the Nursing Assistant.	○	○	○	○
4. I feel at ease asking for help from other RNs on the unit.	○	○	○	○
5. I am having difficulty prioritizing patient care needs.	○	○	○	○
6. I feel my preceptor provides encouragement and feedback about my work.	○	○	○	○
7. I feel staff is available to me during new situations and procedures.	○	○	○	○
8. I feel overwhelmed by my patient care responsibilities and workload.	○	○	○	○
9. I feel supported by the nurses on my unit.	○	○	○	○
10. I feel comfortable communicating with patients and their families.	○	○	○	○
11. I feel comfortable communicating with patients and their families.	○	○	○	○

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
12. I am able to complete my patient care assignment on time.	○	○	○	○
13. I feel the expectations of me in this job are realistic.	○	○	○	○
14. I feel prepared to complete my job responsibilities.	○	○	○	○
15. I feel comfortable making suggestions for changes to the nursing plan of care.	○	○	○	○
16. I am having difficulty organizing patient care needs.	○	○	○	○
17. I feel I may harm a patient due to my lack of knowledge and experience.	○	○	○	○
18. There are positive role models for me to observe on my unit.	○	○	○	○
19. My preceptor is helping me to develop confidence in my practice.	○	○	○	○
20. I am supported by my family/friends.	○	○	○	○
21. I am satisfied with my chosen nursing specialty.	○	○	○	○
22. I feel my work is exciting and challenging.	○	○	○	○
23. I feel my manager provides encouragement and feedback about my work.	○	○	○	○
24. I am experiencing stress in my personal life.	○	○	○	○

25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)

a. NCLEX
b. Finances
c. Child care
d. Living situation
e. Personal relationships
f. Job performance
g. Graduate school

III. How *satisfied* are you with the following aspects of your job:

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	○	○	○	○	○
Vacation	○	○	○	○	○
Benefits package	○	○	○	○	○
Hours that you work	○	○	○	○	○
Weekends off per month	○	○	○	○	○
Your amount of responsibility	○	○	○	○	○
Opportunities for career advancement	○	○	○	○	○
Amount of encouragement and feedback	○	○	○	○	○
Opportunity to work straight days	○	○	○	○	○

IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the *"student"* role to the *"RN"* role?

a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
d. fears (e.g. patient safety)
e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit?

a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. What aspects of your work environment are most satisfying?

a. peer support (e.g. belonging, team approach, helpful and friendly staff)
b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)

c. ongoing learning (e.g. preceptors, unit role models, mentorship)
d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. What aspects of your work environment are least satisfying?

a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
c. interpersonal relationships (e.g.gossip, lack of recognition, lack of teamwork, politics)
d. orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:

_____

_____

V. *Demographics:* Circle the response that represents the most accurate description of your individual professional profile.

1. Age: _____ years

2. Gender:
a. Female
b. Male

3. Ethnicity:
a. Caucasian (white)
b. Black
c. Hispanic
d. Asian
e. Other
f. I do not wish to include this information

4. Area of specialty:
a. Adult Medical/Surgical
b. Adult Critical Care
c. OB/Post Partum
d. NICU
e. Pediatrics
f. Emergency Department
g. Oncology
h. Transplant
i. Rehabilitation
j. OR/PACU
k. Psychiatry
l. Ambulatory Clinic
m. Other: _____

5. **School of Nursing Attended (name, city, state located):** _____

6. **Date of Graduation:** _____

7. **Degree Received:** AD: _____ Diploma: _____ BSN: _____ ND: _____

8. **Other Non-Nursing Degree (if applicable):** _____

9. **Date of Hire** *(as a Graduate Nurse)***:** _____

10. **What previous health care work experience have you had:**
    a. Volunteer
    b. Nursing Assistant
    c. Medical Assistant
    d. Unit Secretary
    e. EMT
    f. Student Externship
    g. Other *(please specify)*: _____

11. **Have you functioned as a charge nurse?**
    a. Yes
    b. No

12. **Have you functioned as a preceptor?**
    a. Yes
    b. No

13. **What is your scheduled work pattern?**
    a. Straight days
    b. Straight evenings
    c. Straight nights
    d. Rotating days/evenings
    e. Rotating days/nights
    f. Other *(please specify)*: _____

14. **How long was your unit orientation?**
    a. Still ongoing
    b. ≤ 8 weeks
    c. 9 – 12 weeks
    d. 13 – 16 weeks
    e. 17 - 23 weeks
    f. ≥ 24 weeks

15. **How many** *primary* **preceptors have you had during your orientation?**
    _____ number of preceptors

16. **Today's date:** _____

Drop down list of skills

Arterial/venous lines/swan ganz (wedging, management, calibration, CVP, cardiac output)
Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood product administration/transfusion
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care (placement, pleurovac)
Code/Emergency Response
Death/Dying/End-of-Life Care
Dobhoff/NG care/suctioning/placement
ECG/EKG/Telemetry monitoring and interpretation
Intravenous (IV) medication administration/pumps/PCAs
Intravenous (IV) starts
Medication administration
MD communication
Patient/family communication and teaching
Prioritization/Time Management
Trach care
Vent care/management/assisting with intubation/extubation
Wound care/dressing change/wound vac
Unit specific skills _____